



***Written comments for House Regulatory Reform  
Committee hearing on 6/17/15 – House Bill 4598***

Dear Chairman Franz and members of the committee:

The Michigan Council for Maternal and Child Health includes hospital systems, statewide organizations and local entities with a mission to advocate for policies that support the health of women and children. MCMCH includes many professionals involved in the continuum of prenatal, obstetrical and neonatal care in our state.

We oppose the H-1 version of House Bill 4598 as presented to the committee last week. We have a number of concerns about the proposed licensure of direct-entry midwives as well as with the comments made supporting the bill. We hope to work with committee members and educate about the complexity of the continuum of obstetrical care in our state.

Licensure is extended by the state in the name of protecting the public from harm. Individuals who hold themselves out to the public as midwives but may or may not have the education, training, and experience necessary to make the critical decisions when an emergency arises for a pregnant woman and her child in an out-of-hospital setting should be of paramount concern. While the popularity of childbirth at home and in “birthing centers” has increased and clearly there are individuals who wish to be licensed, the bill is lacking clarity in several areas including a detailed definition of the scope of practice for a midwife, agreement regarding the educational standards used in the bill and limits on prescriptive authority.

The bill also makes mention of other licensed professionals operating in this field and yet, in Michigan, we do not have a defined scope of practice for certified nurse midwives. Despite the similar names, certified nurse midwives are highly trained clinicians who have had not only a nursing education but additional training in all aspects of midwifery and operate in settings where they can easily transition patients to the care of an obstetrician or high-risk obstetrician.

Additionally, it is important to note that currently free-standing “birthing centers” that may also employ or welcome midwives and their clients are unregulated in our state and are not addressed in this proposed bill.

Several disparaging comments have been made about the “hospital experience” or the “litigious nature” of care provided by obstetricians and certified nurse midwives when in fact the vast majority of expectant mothers choose a hospital setting for labor and delivery and all depend on it in the case of an emergency.

**SUSTAINING MEMBERS**

Beaumont Children's Hospital  
DMC Children's Hospital of Michigan  
Henry Ford Health System  
Hurley Medical Center  
University of Michigan  
C.S. Mott Children's Hospital and  
Von Voigtlander Women's Hospital

**CONTRIBUTING MEMBERS**

Michigan Section, American Congress  
of Obstetricians and Gynecologists  
Mott Children's Health Center

**PARTNERING MEMBERS**

Calhoun County  
Public Health Department  
College of Health and Human Services,  
Eastern Michigan University  
Detroit Department of Health  
and Wellness Promotion  
Genesee County Health Department  
Health Department of  
Northwest Michigan  
Inter-Tribal Council of Michigan  
Michigan Association for  
Infant Mental Health  
Michigan Coordinated  
School Health Association  
School-Community Health Alliance  
of Michigan  
Tomorrow's Child

**GENERAL MEMBERS**

Healthy Mothers Healthy Babies  
of Michigan  
Maternal-Newborn Nurse Professionals  
of Southeastern Michigan  
Michigan Association of School Nurses  
Michigan Section,  
Association of Women's Health,  
Obstetric and Neonatal Nurses

**EXECUTIVE DIRECTOR**

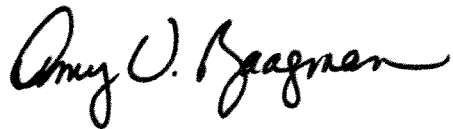
Amy Zaagman  
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We would welcome efforts to address the high cost of malpractice coverage for obstetrical services, but licensing providers that are not required to carry any such coverage does nothing but potentially exacerbate this problem. Allowing midwives to transfer an at-risk delivery to a hospital and a highly trained staff that cannot refuse care means if a family experiences the tragic loss of a newborn they may seek damages from the only insured entities.

We appreciate Chairman Franz's agreement to work on this bill in the coming months and encourage the committee to follow the ongoing national discussion of the US Midwifery Education, Regulation and Association (US-MERA) workgroup to inform this effort by potentially providing a set of training standards and other valuable input.

Thank you for you for your thoughtful deliberation of this bill.

Sincerely,

A handwritten signature in black ink, reading "Amy U. Zaagman". The signature is fluid and cursive, with the first name "Amy" and last name "Zaagman" clearly legible, and "U." as a small initial between them.

Amy U. Zaagman  
Executive Director